Rev. 06/95

Docket Number: CH2852 US PCT

## **DECLARATION and POWER OF ATTORNEY**

As a	a below-named inver	ntor, I hereby declare that:				•		1	
		and sitizonship are as st	ated belov	w next to my nam	(e.	and laint inventa	r (if plural names a	re listed	
		e address and citizenship are as so nal, first and sole inventor (if only c atter which is claimed and for which							
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١		ch is attached hereto unless the foll	owing box	x is checked:					
the	specification of white	cember 2003 as U.S. Application	n No		or PCT Internati	onal Application	No. PCT/US03/	40327_	
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<u> </u>	and was amend	ded onave reviewed and understand the	contents	of the above id	entified specification	n, including the	claims, as amende	d by any	
lam	nendment referred to	above.		a to be material t	o natentability as de	fined in 37 CFR	§ 1.56.		
1 a	cknowledge the duty	priority benefits under 35 U.S.C. §	119(a)-(	d) or § 365(b) of	any foreign application	ation(s) for pater	nt or inventor's cert	ificate, or	
h	ereby claim foreign	priority benefits under 35 U.S.C. § International application which de	signated	at least one cou	intry other than the	· United States, Finternational at	listed below and i	filing date	
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P	rior application and t	the national of PCT international in	ng date o	t this application. I Date		Status			
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L		NEY: I hereby appoint the following		(a) and/or agent/		ecute this applic	ation and transact a	all business	
F	OWER OF ATTOR	NEY: I hereby appoint the following demark Office connected therewith	g attorney ::	(s) and/or agent	a) the power to pro-				
	Name: JESSICA				Registration No.:	34,015			
	Name: JESSICA Send correspondence					Tel. No			
1	send correspondence selephone calls to:	o una anoce	E. I. du	Pont de Nemou	rs and Company	1 '	992-4895		
1	JESSICA	M. SINNOTT	Legal -	Patents gton, DE 19898,	U.S.A.	Fax No (302)	992-4773		
			L		1.0. 1.01-1-1-1-1	to made on info	rmation and belief a	are believed	
Γ	hereby declare that	t all statements made herein of my er that these statements were made	own kno e with the	wledge are true a knowledge that	willful false stateme	nts and the like s	so made are punish	able by fine	
- 1.	or imprisonment, OF	both, under Section 100 i of title i	8 of the U	Inited States Cod	le and that such wil	itui taise stateme	ents may jeopardize	, alo vandit	
L	of the application or	any patent issuing thereon.		INVENTOR(S)					
	Full Name 1	Last Name		First Name		Middle Na	ame		
	Full Name of Inventor	BULLEB.		THOMAS		Date:			
		Signature (please sign full name):	ller			Dece	December 1, 2005		
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ļ	Address	PO BOX 6356		Diamond	head	Missis	SSIPPI	39525	
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Additional Inventors are being named on separately numbered sheets attached hereto.

Docket Number: CH2852 US PCT **DECLARATION AND POWER OF ATTORNEY - Page** INVENTOR(S) Middle Name First Name Last Name Full Name STEPHEN LYKE of Inventor 2005 Signature (please sign full flame) December Country of Citizenship State or Foreign Country
DELAWARE Residence & US WILMINGTON Citizenship Zip Code State or Country Post Office Address Post Office 19808 DELAWARE WILMINGTON 3516 HOPKINS DRIVE **Address** Middle Name First Name Full Name Last Name Of Inventor AARON\_ BECKER Date: Signature (please sign full name): Country of Citizenship State or Foreign Country
DELAWARE Residence & US WILMINGTON Citizenship Zip Code State or Country Post Office Address **Post Office** 19803 DELAWARE WILMINGTON 1218 EVERGREEN ROAD **Address** Middle Name First Name Last Name DE LA VEAUX Full Name STEPHAN of Inventor Date: Signature (please sign full name): Country of Citizenship GERMANY State or Foreign Country DELAWARE Residence & WILMINGTON. Citizenship Zip Code State or Country Post Office Address 19809 Post Office **DELAWARE** WILMINGTON 102 BLUE ROCK ROAD **Address** Middle Name BERTRUM First Name Last Name **Full Name** RUSSELL of Inventor Signature (please sign full name): Country of Citizenship US State or Foreign Country DELAWARE Residence & WILMINGTON Citizenship Zip Code State or Country Post Office Address 19803 **Post Office DELAWARE** WILMINGTON **6 MATSON COURT Address** Middle Name First Name Last Name **Full Name** JAMES DUNSON, JR of Inventor Date: Signature (please sign full name): Country of Citizenship State or Foreign Country
DELAWARE
DELAWARE Residence & US NEWARK Citizenship Zip Code State or Country City Post Office Address **Post Office** 19711-45 **DELAWARE** NEWARK 202 WINSLOW ROAD **Address** Middle Name First Name Last Name TILTON **Full Name JAMES** of Inventor Signature (please sign full name): Country of Citizenship US State or Foreign Country
PENNSYLVANIA Residence & LANDENBERG Citizenship Zip Code State or Country Post Office Address **Post Office** 19350 PENNSYLVANIA LANDENBERG **8 BERKSHIRE ROAD Address** 

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	<del></del>	INVENTOR(S)				
II Name Last Name Inventor ZIMMERMAN		First Name DAVID	Middle Name A.			
Inventor	Signature (please sign full name):		Date:			
esidence &	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US			
itizenship ost Office ddress	Post Office Address 15 PHEASANTS RIDGE NOR	City	State or Country DELAWARE	Zip Code 19807		
ull Name	Last Name HALLOCK	First Name STEPHEN	Middle Name A.			
f Inventor	Signature (please sign full game):		Dato December 1	2005		
Residence &	City NEWARK	State or Foreign Country.  DELAWARE	Country of Citizenship 'US			
Post Office Address	Post Office Address 405 POST OAK LANE	City NEWARK	State or Country DELAWARE	Zip Code 19702		
uli Name	Last Name	First Name	Middle Name			
of Inventor	Signature (please sign full name):	:	Date:			
Residence &	City	State or Foreign Country	Country of Citizenship			
Citizenship Post Office Address	Post Office Address	City	State or Country	Zip Code		
Full Name	Last Name	First Name Middle Name				
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		INVENTOR(S)			
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Full Name	DIEMER	RUSSELL	Date:		
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		INVENTOR(S)				
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of Inventor	DE LA VEAUX	OTEL VIII.	Date:			
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of Inventor	DUNSON, JR.	UNIVES	Date:			
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Docket Number: CH2852 US PCT Rev. 06/95

## **DECLARATION and POWER OF ATTORNEY**

	DECLARATION					
	r, I hereby declare that:					
below-named inventor	ddress and citizenship are as stated	below next to	my name.	and inint inv	entor (if plural nam	es are listed
esidence, post office a feve I am the original,	ddress and citizenship are as stated first and sole inventor (if only one or which is claimed and for which a	name is listed patent is sought	below) or an original, first a on the invention entitled:	AD DEACT	rion	
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		INVENTOR(S)				
ull Name	Last Name LYKE	First Name STEPHEN	Middle Name E.			
f Inventor	Signature (please sign full name):		Date:			
Residence &	1 IAM ANNOTON I DELAWAN		Country of Citizenship US			
Post Office Address	Post Office Address 3516 HOPKINS DRIVE	City WILMINGTON	State or Country DELAWARE	Zip Code 19808		
Full Name	Last Name BECKER	First Name AARON	Middle Name J.			
71 111011101	Signature (please sign full name):	,	Date:			
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US	T		
Post Office Address	Post Office Address 1218 EVERGREEN ROAD	City WILMINGTON	State or Country DELAWARE	Zip Code 19803		
Full Name of Inventor	Last Name DE LA VEAUX	First Name STEPHAN	Middle Name C.			
of inventor	Signature (please sign full name):		Date:			
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship GERMANY			
Post Office Address	Post Office Address 102 BLUE ROCK ROAD	City WILMINGTON	State or Country DELAWARE	Zip Code 19809		
Full Name	Last Name DIEMER	First Name RUSSELL	Middle Name BERTRUM			
of Inventor	Signature (please sign full name):		Date:			
Residence &	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship US			
Citizenship Post Office Address	Post Office Address 6 MATSON COURT	City WILMINGTON	State or Country DELAWARE	Zip Code 19803		
Full Name	Last Name	First Name JAMES	Middle Name B.			
of Inventor	DUNSON, JR.  Signature (please sign full name):	usan	Date: 11 Dec 2005			
Residence & Citizenship	City/ NEWARK	State or Foreign Country DELAWARE	Country of Citizenship US	- T		
Post Office Address	Post Office Address 202 WINSLOW ROAD	City NEWARK	State or Country DELAWARE	Zip Code 19711-4		
Full Name	Last Name First Name JAMES		Middle Name N.			
of Inventor	TILTON Signature (please sign full name):		Date:			
Residence &	City LANDENBERG	State or Foreign Country PENNSYLVANIA	Country of Citizenship US			
Citizenship Post Office Address	Post Office Address 8 BERKSHIRE ROAD	City LANDENBERG	State or Country PENNSYLVANIA	Zip Code 19350		

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Address

Docket Number: CH2852 US PCT INVENTOR(S) Full Name First Name Last Name Middle Name DAVID ZIMMERMAN of Inventor Signature (please sign sul name) meman State or Foreign Country DELAWARE Residence & Country of Oftizenship Citizenship WILMINGTON US **Post Office** Post Office Address City State or Country Zip Code Address 15 PHEASANTS RIDGE NORTH WILMINGTON **DELAWARE** 19807 Middle Name **Full Name** Last Name First Name STEPHEN **HALLOCK** of inventor Signature (please sign full name): Date: Residence & State or Foreign Country Country of Citizenship NÉWARK DELAWARE US Citizenship **Post Office** Post Office Address City State or Country Zip Code Address 405 POST OAK LANE **NEWARK DELAWARE** 19702 Full Name Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: State or Foreign Country Residence & City Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Address **Post Office** City State or Country Zip Code Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City State or Country Zip Code **Address Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code

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